

**SPRINGFIELD POLICE DEPARTMENT
COMPLAINT AGAINST PERSONNEL REPORT**

Complaint # _____

Employee Involved:	Rank:	Assignment:
Complainant:	Residence Address:	Residence Phone:
Employed by:	Business Address:	Business Phone:
Witness:	Address:	Phone:
Witness:	Address:	Phone:
Date/Time Incident:	Location:	
Date/Time Reported:	By: Phone / Letter / In Person	
Received by:	Date Received:	

Brief Description of Allegation:

Written statement provided by complainant Yes No Refused

Signature

Written statement provided by witness(es) Yes No Refused

Signature

Officer in Charge/Investigator

Signed & Received by employee involved:

_____ Rank/Name ID#

_____ Date

_____ Date of Birth

Distribution:

1. All copies must be signed by the accused and witness; original placed with original case file
2. Copy given of Officer/Member.